

# **SCHOOL HEALTH PROGRAMME**

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**Voluntary Health Association  
of India**







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School health is an important aspect of any community health programme. The school health programme is a powerful yet economical means of raising the level of community health. Its basic aim is to provide a comprehensive health care programme for children of school going age.

The concept of school health programme has expanded from a simple medical examination of children to a complete health care programme for them. Today it stresses on the role of the child as a "change agent" in the community. Children have a tremendous capacity to observe, learn and experiment and then transfer this knowledge to others in the community. They are more willing to try out new ways of life than adults and changes come to them more naturally. Therefore if children are involved in any health movement we are sure to reach our goal of health for all by 2000 AD.

A physically, socially and mentally healthy child can be best taught in his/her school. A school health programme should therefore be the responsibility of school teachers and of planners of health programmes. The whole programme should actively involve the teachers, parents and the child who is the focus point of the programme.

## **WHY SCHOOL HEALTH?**

Children are the wealth of a nation. Orienting children in the formative years of life towards a healthy way of living is the key to building up a healthy nation. India has a young population. Forty-two percent of its population comprises children below 15 years of age; of these 36.4 percent are in the age group 6–11 years. This age group represents the formative stage in the growth and development of the child, phy-



ically, mentally, emotionally and socially. There are 272 million children between the age of 0-14 years. Out of these, 200 million are school age children. Today over 90 percent of children have schools within walking distance from their homes. Almost 80 percent of children between 5-8 years of age are enrolled in the schools. The 20 percent who do not get enrolled are mostly girls kept at home to take care of the younger children.

The school going child is a vast resource which should not be ignored by our health care system. Children can learn more quickly and easily than adults. They are able to learn some good habits at the school that lead to a healthy lifestyle, which they may even share with other friends who are not going to school. A child who spends 6-8 hours in the school has a lot of time to acquire good health knowledge which can be taken back home. It is therefore felt that none of it should go waste and we must utilise this resource in Primary Health Care Programmes. With a little training we can use them as **Health Guides, Health Promoters, or Change Agents** for the villagers. It is with this objective in mind that school health programmes should be given a place in every school of the country.) (Rao, A.R.)

## 2 OBJECTIVES OF A SCHOOL HEALTH PROGRAMME

- \* Health conscientisation among school children
- \* Providing health instruction in a healthy environment
- \* Prevention of disease; early diagnosis, treatment and follow up of defects



- \* Promotion of positive health
- \* Recognising the child as a "change-agent" in the family.

## HOW TO START A SCHOOL HEALTH PROGRAMME

### Step 1 : Organise principals of the schools

Organise the principals of the schools – involve them and make them realise the importance of school health programmes in their area. They are the pivot of the programme and it is around them that the teachers revolve. If the principal cannot see the point, the school health programme cannot progress. If he also acts as a catalyst/coordinator between education authorities and health authorities, he helps in the progress of general health and development of the community.

### *Role of a principal*

- \* Assume the role of coordinator between the school, the home, and the individuals and agencies in the community that can contribute to the health of the child.
- \* Exercise direct supervision over the school health programme.
- \* Demonstrate healthy interpersonal relationships with other principals, and school staff.
- \* Plan with staff the health educational sequences in accordance with principles of learning and individual ability, to ensure that students treat curricular tasks in a challenging manner.
- \* Provide situations to encourage health experimentation by students and appreciate achievements in front of others.



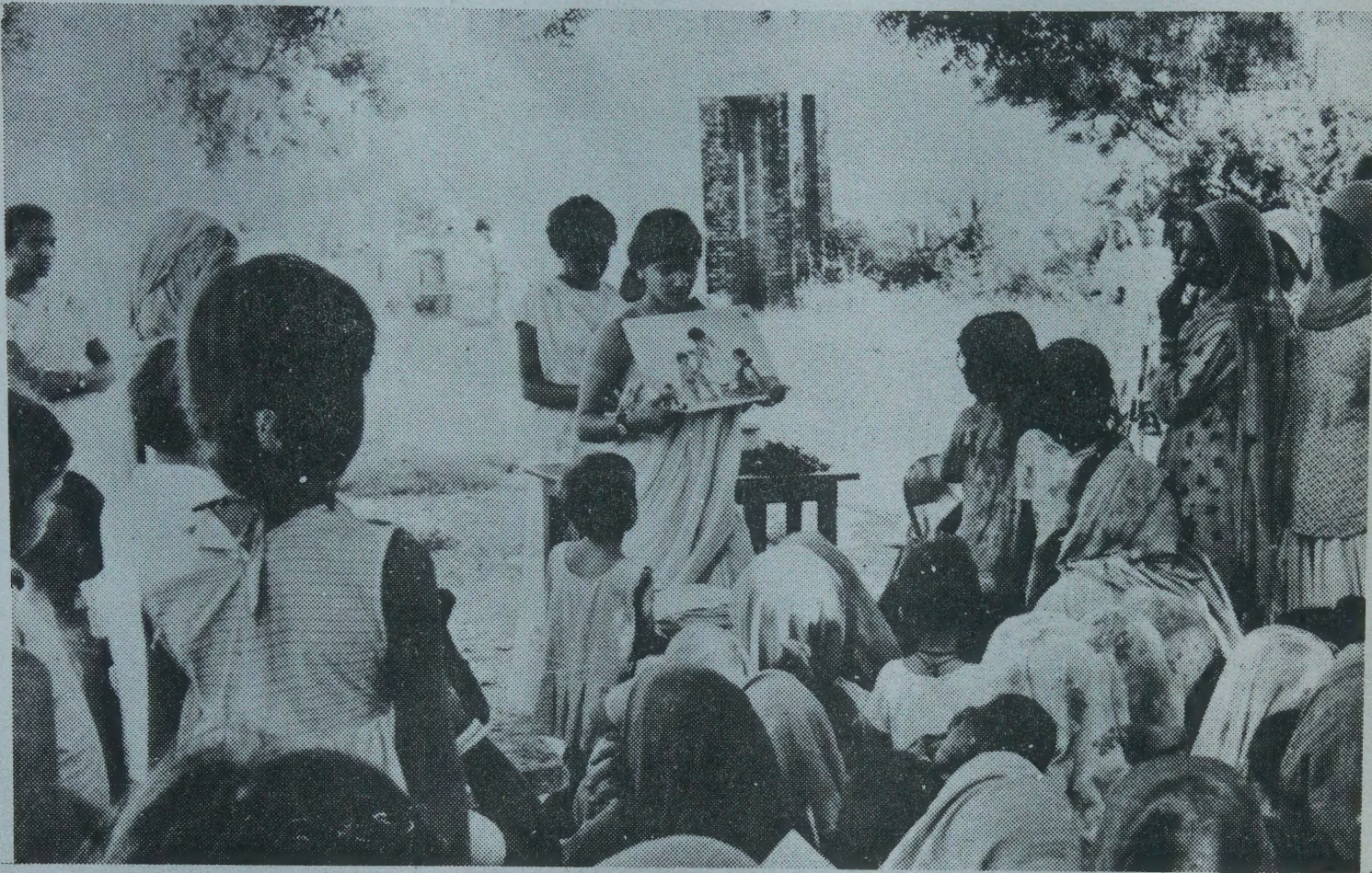
- \* Supervise food sanitation practices activities and campaigns through students to educate the community about common and immediate health problems.
- \* Encourage them to take remedial and preventive measures. Coordinate with local health personnel for their support in the programmes.
- \* Provide for on-going evaluation and improvement of the School Health Programme.
- \* Ensure adequate physical facilities in schools for satisfying the health needs of school children viz. safe water for drinking, sewage disposal facility, waste disposal arrangement, adequate toilet facilities, classroom and playroom lighting and ventilation.
- \* Assume responsibility for all factors related to safety in the school. Plan and supervise a programme of safety promotion.
- \* Provide means for building up a better relationship among students and faculty, and among all other school personnel.
- \* Assume responsibility for a healthy and educational school meal programme if one exists.



*School Meal Programme*



- \* Obtain instructional material for teaching staff.
- \* Arrange necessary in-service health education classes for the teaching staff.
- \* Assume responsibility for evaluation or health instruction programme.



*Health Education Session*

## **Step 2: Motivation and Involvement of Teachers**

Teachers are where the schools are, and they are a rich local resource. They are available in large numbers, present even in remotest areas. Teachers are the persons best equipped to undertake the task of health education. Their educational background and skills benefit them for this work.

They have considerable acceptability—personal as well as of what they teach—with pupils and their parents and through them, with the community. Most teachers are natives of the region and know the beliefs and customs.



Convincing them to change those affecting health will help set an example to the community.

They also have good relations with voluntary agencies, and Government bodies.

The involvement of teachers in the health programme is consistent with the overall philosophy of developing nations to maximally utilise locally available resources. The teachers are familiar with the customary behaviour and can therefore pick out any deviations. A good teacher understands the students physical, social and emotional needs far better than outside health personnel. Teachers can observe :

- \* Pupils' eating, study, health and play habits
- \* their attendance
- \* their growth chart
- \* their scholastic record and any discrepancy between capacity and performance.
- \* any abnormal behaviour

### **Step 3 : Health Education of Teachers**

Health education helps the teacher in developing and maintaining his own health; objective consideration of existing prejudices and superstitions about health are made.

The principle objectives in teacher preparation for health education according to the WHO/ UNESCO Expert Committee are to develop :

- \* A standard of personal health practices which will help maintain the health of the individual and serve as an example to the pupils
- \* Understanding and developing skills in maintaining an optional emotional environ-



ment through desirable interpersonal relations

- \* An appreciation of the value, importance and place of education in health, as a part of the total education programme
- \* A willingness to play an appropriate part in the promotion of health in school and in the community



### *Preparing Health Education Materials*

- \* An adequate background of professional knowledge about child growth, development, personal and community health, and programmes and procedure in school health
- \* Understanding and appreciation of a healthy physical environment and how it is maintained
- \* Skill in promoting health education and in working cooperatively with others in this sphere



- \* A knowledge of community health and social agencies and the ways in which the teacher may work effectively with them and with the home

Preparation in health education enables the teachers to meet the expectations of society. They will help to develop attitudes, habits and knowledge in the field of health which are needed by the younger generation.

Training also makes the teacher aware of her own health requirements and she learns how to meet them.

- \* It helps the teacher understand the child psychologically
- \* It helps the teacher work more effectively with the other members of the school staff and contribute more to the community
- \* The teacher understands the health problems of children and can collaborate with the home more effectively
- \* It helps the teacher realise that even though knowledge of fundamental health facts is essential for any positive changes in health behaviour, mere imparting of knowledge cannot be expected to do so.

Action is more important than theoretical knowledge because without action the thought is unimportant. Hence a trained teacher's approach is "action oriented" rather than "knowledge oriented".

No one is better equipped than a trained teacher who can observe and encourage good health behaviour and can check unhealthy behaviour.

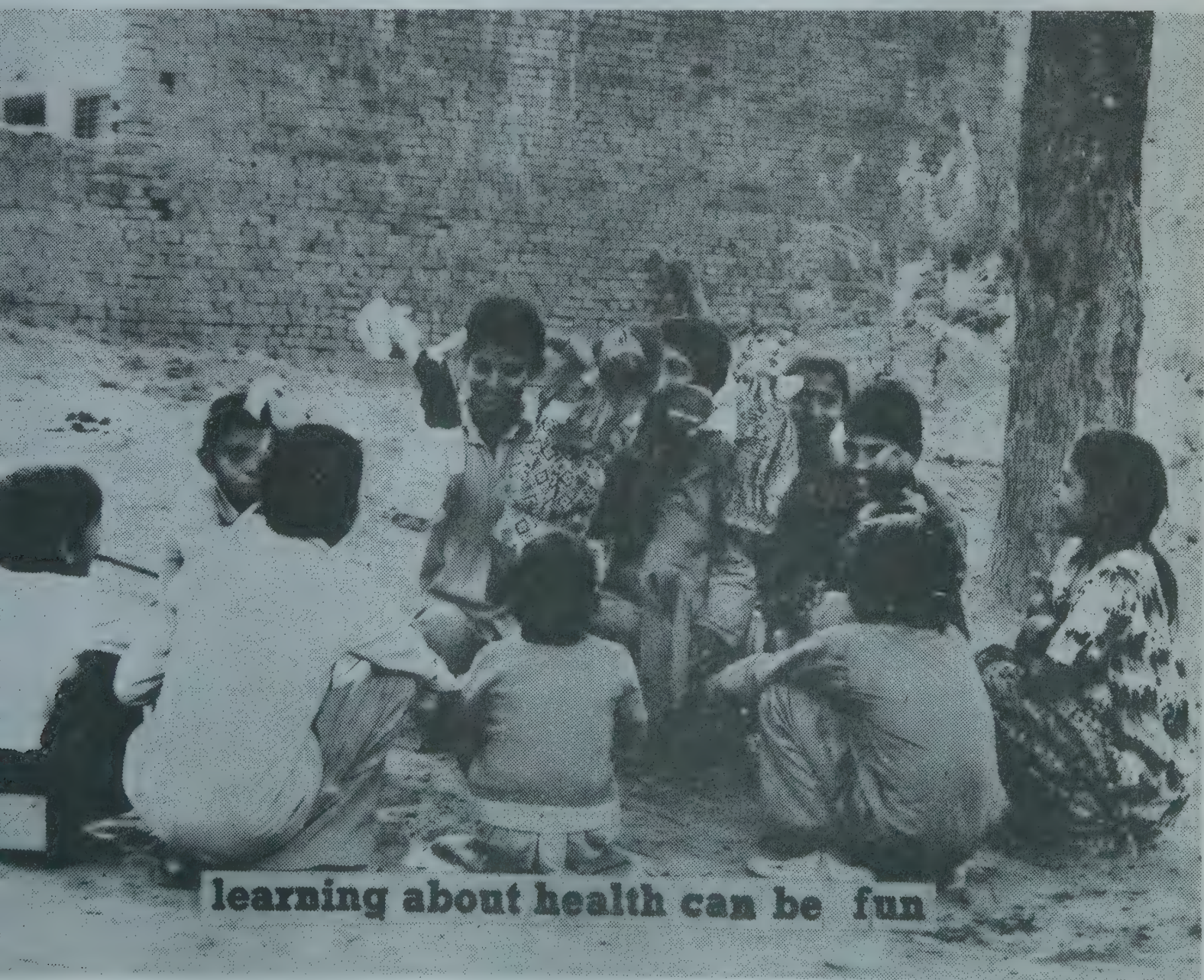
The training could be more meaningful and effective if local health problems are studied.



Community Health Surveys could be carried out to find out the health situation involving the children. The programme must focus on meeting the health needs of the community.

A short course of eight to ten days covering the following subjects, must be organised in each area :

- \* Teacher's role in School Health Programme
- \* Growth monitoring
- \* Screening for defective vision, hearing defects and behavioural problems
- \* Identification of common ailments
- \* Prevention of common communicable diseases
- \* Oral and dental hygiene
- \* First Aid in schools





- \* Food and nutrition
- \* Role of home remedies
- \* Population education
- \* Environmental sanitation
- \* Development and use of health education media
- \* Referrals and follow up procedures

This curriculum can be modified to meet local needs. Reviews and follow-up training will also be necessary.

#### **Step 4 : Development of Resource Materials and Child-to-child activities**

Materials, Equipment and Supplies may be procured from various Resource Centres. A School Health Fund can be established to maintain resources. Most of the education material should be made in the schools with the help of the teachers and children. Some Child - to - child activities in health are developed for a child to learn by doing.

#### **Step 5 : Implement and Evaluate**

The effective implementation of the School Health Programme can be possible only if the children's potential is utilised properly.

Learning is better implemented through activities and as such children should be involved in health activities. In this way they act as change agents in the family and the community. The child will become the best provider of primary health care to society in years to come.

Children can be involved in :

- \* Keeping themselves, their classroom and school clean
- \* Health exhibitions and competitions

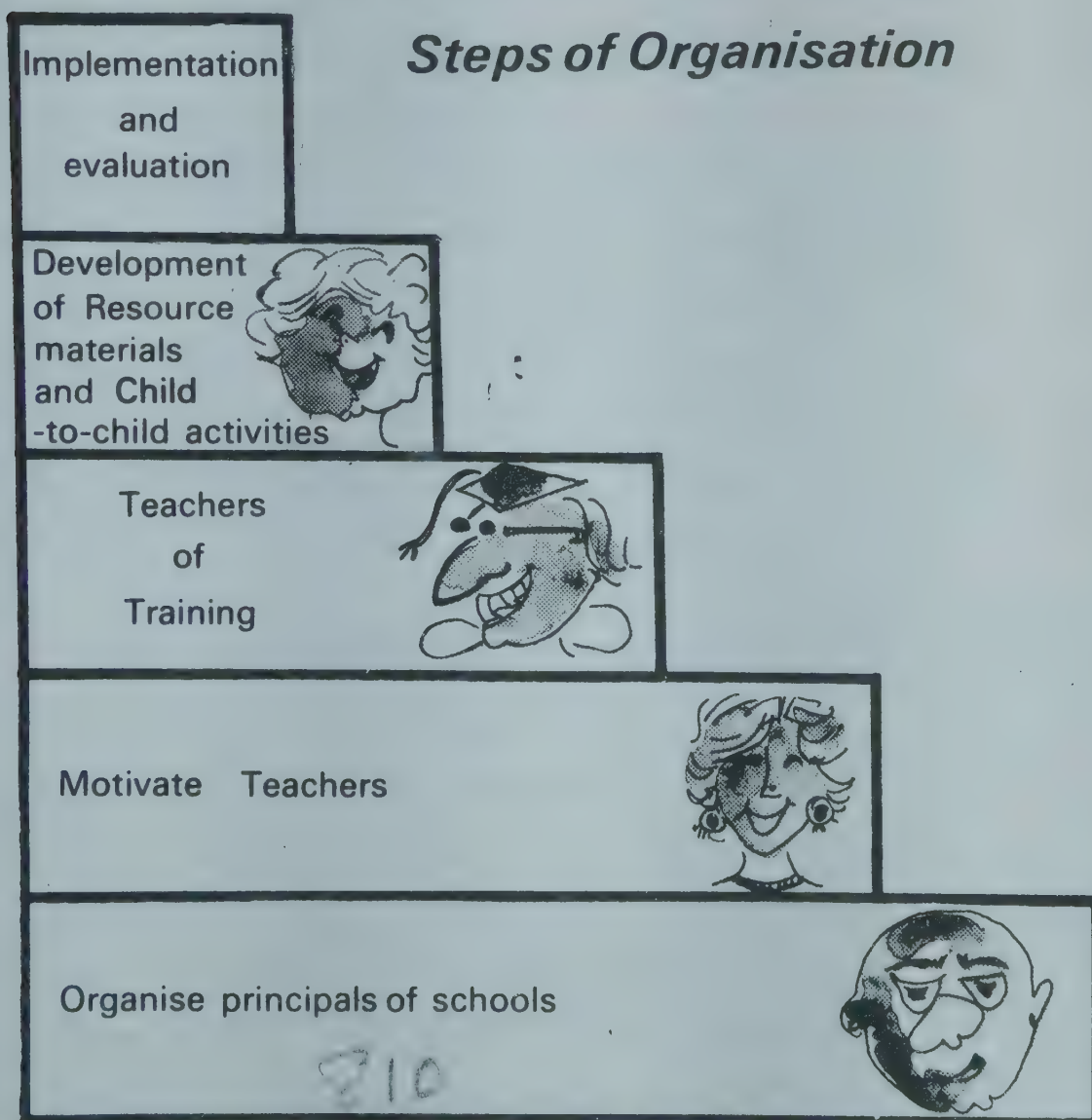


- \* Making their own midday meal menu within the resources provided
- \* Forming health clubs for healthy living and learning, like organising health surveys, clean-up campaigns
- \* Making health education materials like posters, songs, stories, plays, games etc.

Close coordination and regular field visits to School Health Units is necessary to facilitate programme functioning. This includes maintenance of records, adequacy of supplies, keeping in touch with resource persons and material, to fulfil local needs.

Progress of the School Health and Health Education activities can be assessed using measurable objectives.

An ongoing yearly evaluation of the programme can be undertaken with the participation of teachers and children.





Decrease in the incidence of communicable illness will indicate hygienic level of school children. Effectiveness of health education can be evaluated by assessing through quizzes, competitions etc. The expected outcome of health education in terms of changes in behaviour can be defined and spelt out as objectives e.g. 50% children will be keeping nails clean at the end of one year. In an evaluation one can determine how many have adopted this behaviour in actual practice.

### ***School Health Committee***

The most important aspect of running any healthy programme is to give the responsibility to the community members. So it is recommended that from the beginning a Coordinating Health Committee consisting of a community leaders, principal, teachers, parents and children in each school should be formed. The committee takes full responsibility for the school health programme and the day-to-day activities in relation to the health of the children in schools. It will also be responsible for mobilising resources to initiate health programmes. The planning of the programme, implementation of the programme and evaluation of the programme should also be left to the committee.

### ***Components of School Health Programme***

#### ***1. Learning Activities***

Learning activities relating to intellectual, psychological and social dimensions to increase the ability of children to make informal decision affecting their own health and the health of the family and community in which they live.





### *Children in Action*

#### *2. Health Services*

- \* Appraisal of health status of pupils and school personnel.
- \* Counselling of parents and others concerning health problems
- \* Observation, identification and encouragement in correction of remedial defects.
- \* Assistance in the identification and education of scholastically backward or handicapped or sick children and their follow-up.
- \* Prevention and control of communicable diseases.
- \* Provision of emergency services for injury or sudden illness.
- \* Nutritional services.
- \* Health records keeping.

#### *3. School Environment*

- \* Provision of safe drinking water
- \* Provision of safe and adequate environment



- \* Meeting standards of sanitation, safety, lighting and ventilation.
- \* Proper maintenance of school belongings.
- \* Establishment of friendly staff and pupil relationship

## VHAI'S ROLE IN SCHOOL HEALTH

VHAI has been very actively involved in the school health programme from the year 1980. Initially only awareness building workshops were organised by a large number of people in various states. From there VHAI moved on to organise a resource persons meeting at Kottayam in 1985.

The intervention in the form of Regional School Health Programme training workshops have been organised in various regions. In 1986 the Chairman of the Central Board of Secondary Education requested VHAI to frame a health education syllabus for the teachers of the schools. A draft was prepared and discussed in their Board Meeting. The whole objective of this health education syllabus is to guide the teachers as to how to involve school children in the school health programme.

Apart from that a number of publications such as adaption, modification and translation of the book Child-to-child by Audrey Aarons and Hugh Hawes is in process. Along with this, a few Child-to-child activity sheets prepared by other groups will be translated and printed. We hope that as soon as we can develop and disseminate the training and educational material to various groups, a lot more would be achieved in school health programmes.



Thanks are due to Christina De Sa who is assisting me in organising School Health Programmes in various regions and states. Without her help this publication would not have been possible. I am also grateful to Dr. Meera Shiva who inspired me to continue to do the School Health work which she was doing before I joined VHAI.

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*Front cover photograph :* Amita Parasher

*Back cover photograph :* UNICEF

The Voluntary Health Association of India (VHAI) is a secular, non-profit organisation established in 1974. The main objective of the association is to strengthen existing health programmes by creating an awareness about the health situation in the country. Its major activities are: production of health education materials (books, pamphlets, flash cards, flannel graphs, film strips and slides) for various health functionaries at the village level; campaigns on issues such as drugs, tobacco, baby foods etc; documentation of relevant materials for the use of activists, and training workshops and programmes for Community Development and Community Health Workers.











An important part of any community health programme is the school health programme. To be successful this must involve not only planners, but school principals, school staff and ultimately the children themselves. This book is a useful guideline to how this objective can be achieved.

